

ARIZONA STATE DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

STATE FILE NO.

6732
59

CERTIFICATE OF DEATH

REGISTRAR'S NO.

OF DEATH AND RESIDENCE 65 33 3 3 178 6 959 34X OF ATH M 18) 0 0 ATIONS. OPSY 4 ICAL ICATION 4 DEATH DUE TO EXTERNAL VIOLENCE NER'S CATION 1 ERAL CTOR 29 ID TRAR 2	BIRTH NO.		1. PLACE OF DEATH A. COUNTY <u>Graham</u>		B. LENGTH OF STAY THIS TOWN <u>89 yrs</u> IN ARIZONA <u>life</u>		2. USUAL RESIDENCE A. STATE <u>Arizona</u>		REGISTRAR'S NO.		
	C. CITY OR TOWN <u>Safford</u>		<input checked="" type="checkbox"/> IN CITY LIMITS <input type="checkbox"/> OUTSIDE CITY LIMITS		C. CITY OR TOWN <u>Safford</u>		<input checked="" type="checkbox"/> IN CITY LIMITS <input type="checkbox"/> OUTSIDE CITY LIMITS		E. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input type="checkbox"/>		
	D. FULL NAME OF HOSPITAL OR INSTITUTION <u>923 Main</u>		(IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)		D. STREET (IF RURAL GIVE LOCATION) ADDRESS <u>923 Main</u>						
3. NAME OF DECEASED (TYPE OR PRINT) <u>EMMA ELIZA WORDEN</u>		A. (FIRST)		B. (MIDDLE)		C. (LAST)		4. SEX <u>Female</u>		5. COLOR OR RACE <u>White</u>	
6B. NAME OF SPOUSE		7. DATE OF BIRTH MONTH <u>Dec</u> DAY <u>25</u> YEAR <u>1880</u>		8. AGE (IN YEARS) LAST BIRTHDAY <u>78</u>		IF UNDER 1 YEAR MONTHS <u></u> DAYS <u></u>		IF UNDER 24 HRS HOURS <u></u> MIN. <u></u>		9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE EVEN IF RETIRED) <u>Housewife</u>	
9B. KIND OF BUSINESS OR INDUSTRY <u>Home</u>		10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) <u>Arizona</u>		11. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, WAR OR DATES OF SERVICE) <u>No</u>		13. SOCIAL SECURITY NO. <u>None</u>		15B. BIRTHPLACE (STATE OR COUNTRY) <u>Utah</u>	
14A. FATHER'S NAME <u>Solomon Matthews</u>		14B. BIRTHPLACE (STATE OR COUNTRY) <u>California</u>		15A. MOTHER'S MAIDEN NAME <u>Eliza A. Cloward</u>							
16. INFORMANT'S SIGNATURE <u>Ralph Rolfe Worden</u>		ADDRESS <u>Safford</u>		17. DATE OF DEATH (MONTH) (DAY) (YEAR) <u>September 15 1959</u>							
18. CAUSE OF DEATH ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), (C). THIS DOES NOT MEAN THE MODE OF DYING, SUCH AS HEART FAILURE, ASTHMA, ETC. IT MEANS THE DISEASE, INJURY, OR COMPLICATION WHICH CAUSED DEATH.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST.		MEDICAL CERTIFICATION (A) <u>Cerebral apoplexy</u> DUE TO (B) <u>arteriosclerosis</u> DUE TO (C) <u>diabetes mellitus</u>		INTERVAL BETWEEN ONSET AND DEATH <u>24 hours</u> <u>8 years</u> <u>6 years</u>					
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>							
21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM <u>3-19-53</u> TO <u>9-15-59</u> THAT I LAST SAW THE DECEASED ALIVE ON <u>9-15-59</u> AND THAT DEATH OCCURRED AT <u>6:00 P.M.</u> FROM THE CAUSES AND ON THE DATE STATED ABOVE.		22A. SIGNATURE <u>R. Rolfe Worden</u>		(DEGREE OR TITLE) <u>M.D.</u>		22B. ADDRESS <u>Safford, Oregon</u>		22C. DATE SIGNED <u>9-15-59</u>			
23A. ACCIDENT SUICIDE HOMICIDE NATURAL CAUSE (SPECIFY)		23B. PLACE OF INJURY (E.G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.)		23C. (CITY OR TOWN) (COUNTY) (STATE) <u>Safford, Oregon</u>							
23D. TIME (MONTH) (DAY) (YEAR) (HOUR) OF INJURY <u>M</u>		23E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		23F. HOW DID INJURY OCCUR?							
24A. CORONER'S SIGNATURE		24B. ADDRESS		24C. DATE SIGNED							
25A. BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/>		25B. DATE <u>9/16/59</u>		25C. NAME OF CEMETERY OR CREMATORY <u>Pima Cemetery</u>		25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) <u>Pima, Arizona</u>					
26A. DATE REC. BY LOCAL REG. <u>10/15/59</u>		26B. REGISTRAR'S SIGNATURE <u>Eliza A. Worden</u>		27A. FUNERAL DIRECTOR'S SIGNATURE <u>Caldwell Funeral Home</u>		27B. ADDRESS <u>Safford, Arizona</u>					
28A. EMBALMER'S SIGNATURE <u>Sub H. Carleton</u>		28B. EMBALMER'S CERT. NO. <u>368-A</u>									